

COURSE CERTIFICATE OF COMPLETION

**STATE & LOCAL GOVERNMENT  
CONFLICT OF INTERESTS ACT  
AND  
ETHICS IN PUBLIC CONTRACTING  
ORIENTATION  
FOR  
STATE FILERS**

I am aware of, and have complied with, the procedures established by my agency for making this training a part of my agency's orientation course pursuant to § 2.2-3128. I hereby certify that I have participated in the orientation training for:

☐ State & Local Government Conflict of Interests Act and ☐ Ethics in Public Contracting

NAME

AGENCY Date course completed

POSITION

SIGNATURE Date

My signature on this certificate certifies that I have read and completed the foregoing and that all of the statements and information set forth above are true.